



TEXAS DEPARTMENT OF HEALTH
MILK AND DAIRY PRODUCTS DIVISION

IN-STATE FROZEN DESSERT MANUFACTURER PERMIT APPLICATION

Return this completed application to THE TEXAS DEPARTMENT OF HEALTH, MILK AND DAIRY PRODUCTS DIVISION, 1100 WEST 49TH STREET, AUSTIN, TEXAS 78756-3182. This permit is renewable on September 1 with an annual permit fee of \$200.00. Also required are monthly fees of one cent per 100 pounds of total manufactured frozen desserts, imitation frozen desserts and/or their mixes processed and intended for sale in the state of Texas.

FAILURE TO PROVIDE ALL INFORMATION REQUIRED BY LAW WILL DELAY PERMITTING

Complete in Full (Print or type):

Name of Facility: _____

Processing Plant

Location Address : _____
Address City County State Zip Code

Mailing Address: _____
Mailing Address City State Zip Code

Telephone Number (Include area code): _____

Telephone Number for billing questions: _____

Chief Operating Officer: _____

Plant Superintendent (MGR): _____

List of Products Distributed in Texas:

Name, Address and Telephone Number of Distribution Points in Texas:

VERIFICATION: I swear or affirm that the above statements are true and correct. I further certify by signature hereon, that I am not currently delinquent in the payment of any corporation franchise taxes owed the state of Texas under chapter 171, tax code; nor am I delinquent in the payment of any child support owed under chapter 232, family code. I further certify that I have read & understood the applicable provisions and requirements of Chapter 435, Texas Health and Safety Code, and the rules and regulations as promulgated by the Board of Health of the State of Texas. I also authorize the Federal Milk Marketing Order to make butterfat, solids-not-fat analysis results, and monthly production data available to the Texas Department of Health.

Signature of Applicant
(cannot be manager)

Printed Name of Applicant

CHECK ONE

☐ Owner

☐ Partner

☐ President

☐ Corp. Designee - copy of resolution must accompany application

Date